

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/	/	
3		/		/	/	
4		/		/	/	
5		/		/	/	
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8	/		/		/	
9		/		/	/	
10		/		/	/	
11		/		/	/	
12		/		/	/	
13		/		/	/	
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18		/		/	/	
19		/		/	/	
20		/		/	/	
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28		/		/	/	
29	/		/		/	
30		/		/	/	
31		/		/	/	
32	/		/		/	
33		/		/	/	
34	/	/	/	/	/	/
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36	/	/	/	/	/	/
37	/	/	/	/	/	/
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39		/		/	/	
40	/		/		/	
41		/		/	/	
42						
43						
44						
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46						
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48						
49						
50						
TOTAL IND.	10		10		3	
TOTAL DEP.	31		31		4	
TOTAL CLAIMS	41		41		7	

  

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEHMENT'S